

MAY 25 2010

PTO/SB/21 (08-08)

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Total Number of Pages in This Submission

2

Application Number	09/181,287
Filing Date	October 28, 1998
First Named Inventor	Michelle Jillian Fuwausa
Art Unit	Illuminated Orna/Amus Device
Examiner Name	Mohammad Y. Sikder

Attorney Docket Number

ENCLOSURES (Check all that apply)

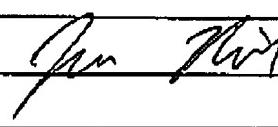
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Joe Nieh		
Signature			
Printed name	Joe Nieh		
Date	5-25-2010	Reg. No.	46,961

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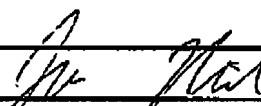
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Application Number	09/181,267
Filing Date	October 28, 1998
First Named Inventor	Michelle Jillian Fuwasa
Art Unit	Illuminated Oral/Amus Device
Examiner Name	Mohammad Y. Sikder
Total Number of Pages in This Submission	3
Attorney Docket Number	

ENCLOSURES (Check all that apply)

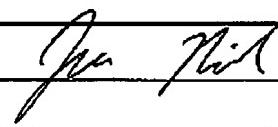
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Statement Under 37 CFR 3.73(b) (Form PTO/SB/96)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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